

Transcriptions - Broadsheets - May 2012

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By

Broadsheets Summaries – April 15-May 11 2012

Welcome to Broadsheets! Here you will find “cut and clip” summaries of the HIV/AIDS-related news moving quickly through the web-o-sphere. The first posts will track the news making its way through virtual reportage space. Later, we will contribute critical commentary about the news-making process and how it shapes the framing of, and responses to key issues.

Tracking methods are under development, but at the outset we’re doing the following:

step 1: peruse headlines captured by Google Alerts using the keywords “HIV/AIDS” and “Global Health.”

step 2: note the sources of those headlines, and the frequency of the reporting. Who’s covering what sorts of news and information?

step 3: see whether stories are picked up (and in what ways) by 12* key HIV/AIDS and global health news-making, reporting, and/or funding organizations as highlighted issues, or in their newsfeeds.

step 4: add to the list those stories covered by the organizations, which have not specifically trended on Google Alert.

Topic lists will be recorded over time to take stock of maturing issues, their impact on thinking and action, and their developments given emergent news-making events.

April 15 – May 11 “Cut and Clip”

1) Treatment Liberalization

The overarching concerns of the past few weeks highlight various measures to liberalize the use of ARV therapy around potential and real HIV infection. This is coalescing around to two central issues:

The first is the use of one form of treatment as prevention (called pre-exposure prophylaxis or PrEP), which enables individuals to be prescribed ARV therapy to reduce the risk of contracting HIV infection. Various studies to determine the therapeutic efficacy and safety of administering the drug have received widespread attention, and now the US Food and Drug Administration is weighing in. As [Alice Park](#), writing for *Time Magazine* points out, FDA approval would be the first biomedical preventative indication for HIV in history. Phrases like “game changer” and “groundbreaking” possibilities are finding their way into many a presentation of the issues.

The FDA is specifically determining whether the drug, Truvada (made by Gilead) can be marketed as a prevention therapy. On May 10, a panel of FDA-appointed advisers held a public hearing, which resulted in recommending approval of the drug for prevention purposes. The FDA will make its ultimate determination by June 15; reports suggest that the Administration does not need to follow the recommendations of its advisers, but it often does.

In the lead-up to the decision, reporting has been fairly extensive by mainstream news outlets. While opinions seem to tip in the direction of support (vocal proponents include a series of 14 prominent organizations who collectively submitted a [letter of endorsement for PrEP to the FDA](#)), on the other side of the debate is the AIDS Healthcare Foundation (AHF), which argues that this prevention tool is poorly understood, costly, and will limit the benefits of other prevention strategies in the long run. AHF's website links to [mainstream news \(here too\)](#) about the issue, as well as more opinionated [op-ed pieces](#), strategically placed and “tweeted.” Other American-based healthcare websites are picking up and re-posting articles and summary-information (including of our tracking sites, KFF, POZ, and Insite).

The FDA decision was listed on AIDS MAP on May 11, which is a British-based website we're tracking. Their news feed links to a [press release by AVAC](#) praising the FDA Advisory Panel decision. Otherwise, PrEP is an [issue of interest](#) to AIDS MAP to determine if it will be accepted in various healthcare contexts. Overall, those in favor of PrEP in the US support its roll-out and scaling up in all HIV-affected countries.

A secondary issue but in keeping with the expansion of ARV therapeutic expansion, is the recent revisions to the [US](#) (March 27) and [WHO](#) (April 18) guidelines around initiation of treatment. The US ARV guidelines now indicate that individuals should commence therapy at the point of diagnosis, even if their CD4 count is above 500 (the previously recommended initiation standard). The WHO guidelines highlight couples-oriented testing and treatment as prevention, this time by

encouraging therapeutic intervention for an HIV-positive member of a discordant couple regardless of CD4 count or viral load.

While guidelines received less attention than the FDA approval, concerns about guidelines also exist, found in the [“comments” section](#) on the POZ-affiliated advocacy site, AIDS MEDS. Those responded worried that treatment initiation will not be customized to fit the needs of patients, that the pharmaceutical industry may be advancing its own interests over the needs of people, and that cases of long-term non-converters should be better understood before treatment is automatically indicated.

2) HIV and Health Systems Strengthening

A perennially tense relationship exists between those who feel targeted HIV interventions are necessary to address the significant disease burden from AIDS, and others think that vertical interventions, coupled with massive donor-sponsored support, undermine national health systems. A recent study published by Brandeis University researchers weighs in on this debate. They found that a six-year HIV intervention enhanced the Rwandan Ministry’s overall healthcare delivery rather than weakened it. This surely holds interest for donors, policy-makers, researchers, and news-making agencies, to be instrumentally used in debate and funding decisions. Stories are swelling over the story given its cross-over appeal, especially between May 3-8 (see [this](#), and [this](#), and [this](#)). Perhaps surprisingly, reporting did not obviously use the research findings to advance positions (or, at least not yet).

3) HIV and the Law

Legal protections for people with HIV are of concern all over the world, as discrimination persists as a bedfellow of HIV/AIDS. In brief round-up fashion:

[Linked from AIDS MAP](#), the Human Rights of Immigrants and Sex Workers in Greece issued a letter to the UN Rapporteur for Human Rights about two issues: changes in immigration law allowing for the detention of immigrants and asylum seekers on health-related grounds; and recent arrests and detention of sex workers who were tested for HIV, and then punished for allegedly inflicting bodily harm on others (April 29-May 9). AIDS MAP also linked to a [statement](#) issued by UNAIDS criticizing Greece for its actions (May 11; also [found](#) on UNAIDS, May 11).

The East African Legislative Assembly (Burundi, Kenya, Rwanda, Tanzania, Uganda) ruled to ensure protection from discrimination for people with HIV/AIDS. Here PlusNews reported the story (April 20), picked up and run by [POZ](#).

Another relevant ruling was The High Court of Kenya's anti-counterfeit law decision, which safeguards access to affordable generic drugs ([April 20](#)).

4) Counting: Targets and Funding

One big splash made in the last few weeks was the [UN Report, *United to End AIDS: Achieving the Targets of the 2011 Political Declaration*](#) (April 30), accompanied by a speech by Secretary General Ban Ki-Moon, stating that goals to reduce HIV/AIDS will not be met. The news was picked up by the Associated Press (byline [Eileen Powell](#)) and distributed widely (InSite links to the Powell article, which ran on the Washington Post). POZ reported on [it](#), as did the [Body](#), linked from [KFF](#), which synthesized 3 articles including the Powell version.

Failed targets do not lead to doing away with new ones, it seems, as UNAIDS admits to failure while simultaneously launching its "[Believe it. Do it](#)" campaign. This one aims to prevent HIV infection among all children by 2015.

Country-specific reports are found to be issued from all HIV-affected countries in laundry-list fashion, laying out surveillance data to be celebrated or despaired. It becomes hard to absorb the numbers, beyond a sense that having numbers is considered universally important. Future round-ups will list their ups and downs, as reported.

Such "numberology" extends to funding, which takes up a lot of reporting space. Funding news ran along three tracks over the last few weeks. First, it generated angst due to underfunding and the end of funding, particularly due to global donor reductions in support levels (e.g. Gates Foundation will soon end its broad programmatic support in [India](#), May 9). From a slightly different angle, Jamaica's funding is [reportedly](#) drying up as it becomes reclassified as a "middle-income country" and no longer eligible to receive grants (May 6). The second issue pertained to either the misuse of funds ([Pakistan](#), April 16; a [PlusNews series](#) from the 'Rogue Gallery,' April 18) or non-use ([Kenya](#), April 26). The third issue around funding pertained to new financial commitments by the very donors who in other situations are withdrawing support; the Global Fund pledged 1.6 million dollars, [reported on May 10](#); (Alliance praises the "[tap being turned back on](#)", May 11), and USAID has earmarked \$224 million over the next five years for "high quality comprehensive HIV/AIDS and TB care" ([KFF](#), May 9). Zimbabwe and Nigeria are named as beneficiaries of this uptick of support.

5) Pragmatics of Access: Therapy Shortfalls

While universal access to treatment is the cornerstone of the PrEP debate,

on the other side of the spectrum are reports of national “stockouts,” so that countries committed to delivering ARVs do not have adequate inventory. In South Africa, where those on therapy have purportedly exceeded projections, a recent [report](#) suggests that such gains may be undone by supply shortfall (Health-e, April 26). HIV/AIDS advocacy organizations are actively [campaigning](#) to force the government to address limited drug supplies.

6) Synergies

In the US, we spot the dovetailing of HIV/AIDS concerns and constituencies with others. First, there’s Occupy Wall Street and ACT UP. Images posted to the [Occupy/Act Up website](#) show signage bringing together corporate critique and ending AIDS messages (see also [this story](#), April 26). Very recently, President Barack Obama has gone on-record to support same-sex marriage, which has resulted in praise found on HIV/AIDS organizations’ websites.

7) Some National HIV-Related Initiatives Making Headlines

Uganda pledged to circumcise 4.2 million men by 2015, reported by the [Jewish Press](#) (May 2).

In addition to being the recipient of Global Fund money, Nigeria [announced](#) new vaccine research in partnership with an international vaccine research group (April 25).

South Africa’s [new health plan](#) treats HIV and TB together for the first time (April 30).

8) Overall Global Health Trends

Towards the end of April, the appointment of Jim Kim as World Bank president received a lot of [attention](#), registered mostly in support. This story did not have a long shelf-life. A more sustaining trend in global health in which numerous stories are running revolves around emerging health technologies, especially mobile devices that are not constrained by countrywide infrastructure. One site of such energy is Gates’ Innovation Grants, described in the [Seattle Times](#), as well as on the Gates’ blog ([check out high-tech aesthetics-meets-surveillance image](#)), May 9.

*The 12 organizations initially being tracked are: [UNAIDS](#), IRIN Plus News ([Plus News](#)), Kaiser Family Foundation ([KFF](#)), University of California San Francisco HIV Insite ([Insite](#)), NAM AIDS MAP ([AIDS MAP](#)), [Health-e](#), [The Body](#), [POZ](#), [Global Fund](#), International HIV/AIDS Alliance ([Alliance](#)), Bill and Melinda Gates Foundation ([Gates’ blog](#)); AIDS Healthcare Foundation

([AHF](#)). Descriptions of these organizations will follow.

AMA citation

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